STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155223	A. BUILDING _____ B. WING _____	C 01/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF COVINGTON THE	**1600 E LIBERTY ST COVINGTON, IN 47932**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the Investigation of Complaint IN00141827, Complaint IN00142733, Complaint IN00142845, and Complaint IN00142863.

Complaint IN00141827 Unsubstantiated, due to lack of evidence.

Complaint IN00142733 Unsubstantiated, due to lack of evidence.

Complaint IN00142845 Unsubstantiated, due to lack of evidence.

Complaint IN00142863 Unsubstantiated, due to lack of evidence.

Survey dates: January 27, 28, and 30, 2014

Facility number: 000128
Provider number: 155223
AIM number: 100289650

Survey team: Joyce Hofmann, RN

Census bed type:
SNF/NF: 100
Total: 100

Census payor type:
Medicare: 24
Medicaid: 62
Other: 14
Total: 100

Sample: 8

The Waters of Covington was found to be in

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155223	A. BUILDING _____ B. WING _____	C 01/30/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF COVINGTON THE	**1600 E LIBERTY ST COVINGTON, IN 47932**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	Continued From page 1 compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00141827, Complaint IN00142733, Complaint IN00142845, and Complaint IN00142863. Quality Review 01/31/14 by Lisa McColly	F 000		